

Rheumatism.

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John F. Lambie

admitted March 21. 1820

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John P. Love
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Rheumatism.

This disease is generally designated by the terms Acute, and Chronic. — It is true, a third, or rather a second and intermediate stage has been noticed by the late Professor, Rush, which he has denominated Rheumatoides, as partaking of the nature of both the Acute and Chronic forms of this disease, but I doubt whether the distinction is of any actual importance in a nosological point of view, as he allows it to be nothing more than a protracted form of the Acute stage — in consequence of which, much debility arises and a weak morbid action is kept up in the System ~

Acute Rheumatism, (to which I shall particularly confine my remarks in this paper,) is a Febrile affection, belonging to that Class of Fevers which is attended by local determinations. In Professor Chapman's arrangement, it is placed among Diseases of the Muscular System.

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The Symptoms are - Fever, acute pains, varying their seat of attack, - sometimes confined to one of the larger joints, - but often attacking several at once, - shooting thence, along the course of the muscles. - We frequently also find them attacking the muscles of the head, neck and back. As various as are the places of their attack, so are the terms used to express their existence in each particular part. These pains, are much increased by motion - are generally most severe during the night - and are at such times more apt to vary their situation - decreasing in severity towards morning, and suffering exacerbations in the evening. The remissions are however oftentimes imperfect. The pains having thus continued for an uncertain period, a swelling and tension, with heat and redness of the affected parts occur, in which the whole body sometimes participates, and the patient is for a while relieved. This state however, is seldom of long duration, and

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does not always mitigate the pain, which is frequently the longest attendant symptom. The disease naves and then abates about the eighth or tenth day, - but more frequently about the twentieth, - sometimes not before the thirtieth or fortieth, and in some instances is protracted to a much later period. -

I have given fever, the priority of enumeration but do not wish to convey an idea of its being the first symptom - since we find that pain is often the precursor - but the pain and fever are generally, nearly coeval. The fever most commonly commences by a chill, or slight shivering, with a sense of lassitude, followed by much increase of heat, thirst, anxiety, and restlessness, - the degree of fever being generally proportioned to the violence of the local attack, as also to the number of parts affected, and (as before noticed of the pain,) suffering evening exacerbations, - and should much sweating arise, morning remissions, - in which case also we find a sediment of a red or white colour

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in the urine - the patient complaining of much heat in its excretion (ardor urinae) - at other times it is clear, or high coloured, and deposits no sediment. The face, (pallid under the exacerbation particularly) is red, and sometimes swollen. - The Stomach is rarely affected - the Bowels generally Costive. The pain when severe, depriving the patient of sleep, - sometimes inducing coma, - but very rarely delirium. The pulse generally febrile, quick and hard. This disease seldom terminates but by resolution. -

Causes.

The various Causes inducing sudden plethoria - Sudden vicissitudes of weather - Cold applied to the body while heated - a certain peculiar state of habit, predisposing to inflammation - but not confined to the plethoric. The proximate cause, is a morbid, or irregular action in the system - which may itself be considered as constituting the disease -

Diagnosis.

Acute Rheumatism is to be distinguished from Gout, by the pains being more gradual in their accession - by their not being stationary, but wandering and following the course of the muscles, attended with a sense of numbness - by the large joints being most frequently the seat of attack, and by the absence of any previous Gastric affection. In this disease, continued pain attends - In Gout it suffers periodical remissions. -

Treatment.

This disease we find differs from most of the phlegmasia in not being apt to terminate in suppuration or gangrene. - In this, and the seat of the inflammation, the peculiarity of its treatment depends - which we shall find is more closely allied to that which is proper in Synocha than any other disease - Since we must in the other phlegmasia, risk more, in

our endeavours to arrest their progress to suppuration
and gangrene, then will here be demanded of us,
or, in fact, their prudence will admit. — The first
remedy to be spoken of, is bloodletting. — But if the
general excitement calls not for it, we must
by no means employ it on account of pain. —
The use of this remedy must generally be confined
to the early stage of the complaint, — perhaps the
fifth or sixth day — and should the pains become
aggravated, while the fever continues to abate,
we must lay the Lancet aside, even at an
earlier stage, — as a continuance of its em-
ployment will often times induce the chronic
form of Rheumatism — or, dangerous debility.
It is common in this disease to find a buffy
coat on the blood, — which may induce the
inexperient to repeat the operation. — but
we shall find, that instead of being diminished
this appearance of the blood will increase
on each repetition of the operation. The

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obvious degree of vascular action, must be our only guide.

When the local determination is considerable, attended with only a slight degree of general febrile symptoms, it will be advisable to abstract blood from the inflamed joints, by means of Leeches and Cupping Glasses.

In cases where, after copious blood-letting, the vascular action continues above the natural standard, we may expect much benefit from the employment of Digitalis, in Tincture or Infusion.

Bathastus, next call for our attention. They should be composed of the Neutral Salts, and used so as to procure two or three evacuations daily, for the first four or five days. - We may sometimes supply their place by mild laxative Clysters - but severe purgatives will be highly injurious, by exciting pain, and an inflammatory action in the intestinal Canal.

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The foregoing remedies having been employed, we should use some of the vomitoria, to excite a slight determination to the surface - avoiding the more heating Claff. The Salu Specul. Comp. is perhaps the best formula we can employ - The tendency to sweat in this disease, obviating the bad effects which opium frequently produces in the phlegmasia, where the general symptoms bear a greater proportion to the local, than they do here.

If we find, on sweating being induced, that the symptoms do not soon yield, we should desist from their further employment, - as a continuance under such circumstances, may cause the Acute to degenerate into Chronic Rheumatism. Blisters have been recommended by some practitioners, to be applied to the inflamed joints. In the Chronic form of the disease, Blisters and Rubefacients will be highly serviceable, but in Acute Rheumatism

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I think their employment is not often attended with any real advantage—unless indeed in those rare cases, where the inflammation proceeds to such height in despite of our other remedies, as to threaten Gangrene.—Then, the application of Blisters, as recommended by Professor Physick, will be advisable.—In common cases, I should with more confidence recommend the employment of the Cold affusions, both topical and general, (in those whose young and vigorous constitutions will enable them to bear the application of so violent and sudden an impression) with the view, not only of removing the morbid heat by evaporation and insensible perspiration, but of exciting a counter action in the system—and restoring the healthy action of the Capillaries and exhalants. Where the particular circumstances of the case will not admit the application of this remedy, a similar employment of the Tepid affusion

has been found useful. —

The *Sanguinaria Canadensis*, or Blood root has been highly commended by Doct. A. Smith, of Yale College, as an efficacious remedy in this disease, either in the form of Tincture, or Infusion. But not having had an opportunity of employing it, nor having seen his particular view of exhibiting the article, I am not prepared to say further on the subject. —

Acute Rheumatism, will generally yield to the judicious application of the remedies here enumerated. —